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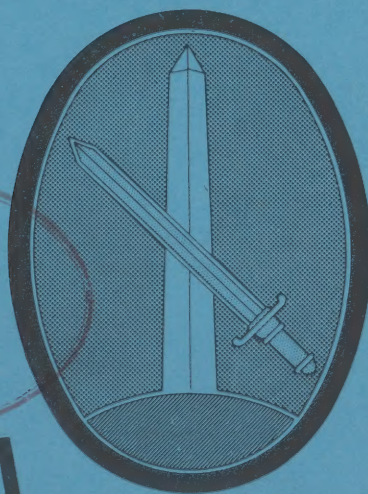
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MONTHLY HEALTH REPORT

Military District of Washington

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May 1950

MONTHLY REPORT

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HEALTH



HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.

RESTRICTED

MAY 1950
Vol. 3, No. 5



INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

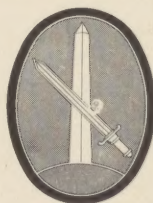
It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department personnel in the field.

ROBERT E. BITNER
Colonel, MC
Surgeon

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ADMINISTRATIVE DIVISION

REPORT ON OPERATION "MANAGEMENT"

BY

James W. Keenan 1st Lt, MSC
Office of the Surgeon
Military District of Washington

In the fall of 1948, the Surgeon General, Department of the Army, sat up in the Medical Plans and Operations Division of his office, a Management Research Group. This management group was given the primary duty of setting up a management plan for all medical facilities within the Department of the Army. The problem of introducing managerial concepts was the aim of achieving economical and efficient operations while still maintaining the high level of professional standards. This management group, under the leadership of Colonel A. L. Tynes, MC and Colonel F. H. Gibbs, MSC, of the Plans and Operations Division, Surgeon General's Office, and with technical supervision by Lt. Colonel George Schunior, a management engineer, established a pilot installation at Valley Forge General Hospital in Phoenixville, Penna. which was to be utilized as a testing station for the development of hospital managerial plans.

Under the guidance of the management group of the Surgeon General's Office a plan was evolved to reorganize Valley Forge General Hospital under an organization which would allow for the free use and practical application of many of the managerial concepts that have been so successfully applied to industrial enterprises in the United States. In the spring of 1950, the experiment at Valley Forge General Hospital was interrupted with the planned reduction in the overall hospital program which necessitated the closing of Valley Forge Hospital. In order to insure that the successful efforts that had been put forward in the establishment of a new administrative set-up for general hospitals would not be lost, it was decided to bring in representative administrative officers from all the general hospitals and army area surgeon's offices to indoctrinate them in the management methods that had worked practicably at Valley Forge and could be applied to other medical installations.

In order to indoctrinate these officers, a specially designed course in management methods was originated at Valley Forge General Hospital. The course was mainly designed to introduce the concept of management with its corresponding ideas of increased efficiency and low unit operating cost which is another way of describing the present watchwork of "economy" within the armed forces.

The Surgeon General early in June 1949 designated Valley Forge General Hospital to be the "pilot" installation for the introduction of the new plan for the organization of General Hospitals. The overall results of this experiment were to reveal that Army hospitals, if properly organized and managed on an administrative basis, can reduce costs and increase operational efficiency at no loss in the present high degree of professional care now rendered. The proposed new organization for General Hospitals placed into practical operation at Valley Forge is contained in the revised (proposed) Special Regulation SR 40-590 (this regulation is in its final stages of approval by the Department of the Army).

At the present time, a "task force" from the Management Section of the Surgeon General's Office is in the process of developing a management plan for the administration of Station Hospitals. For this experiment, the Surgeon General has designated Fort Meade Station Hospital as the field installation.

The overall proposal for reorganization of the hospitals contains nothing that may be considered as a radically new idea but rather reflects the present-day thinking and practical application of the successful ideas of both civilian and military hospital administrators. The management crew of the Surgeon General's Office has merely taken the principles of sound management developed by American industry and applied them to the problems of military medicine. For example, they utilized the management principle of "grouping like things together" and reduced the present-day general hospital organizational set-up from a hodge-podge of scattered divisions and partial responsibilities to a consolidation of six well integrated units with clearly defined duties and responsibilities. Using the same principle of "grouping like things" they set up a position of Hospital Treasurer in which one officer has custodial responsibility for all non-appropriated welfare funds. They have

ADMINISTRATIVE DIVISION

used the management tools of: space utilization, work simplification, and manpower control to the advantage of making for better working conditions, greater job satisfaction and the elimination of over-staffing; all resulting ultimately in an increased operating efficiency at lower unit costs.

With the introduction of machine records, they have eliminated the detailed and costly burden of maintaining stock records, accounting for cost, and complying with a myramid of reports required of field installations. Along with the machine records, they are developing a Cost Accounting System that will make for easy costs comparison among Army medical installations. In conjunction with the Food Service program they have designated trained Hospital Dietitians to assume the responsibility of Food Service Supervisors. These and many more management ideas have been successfully applied towards the goal of increased efficiency in hospital administration with a reflected decrease in costs per patient day.

It is difficult to definitely appraise in monetary savings nor is it presently possible to apply a standard "yardstick" to accurately determine the amount of increased efficiency of the overall results of the Valley Forge experiment; primarily, because the program, per se, has not yet had time to fully develop. However, it can be said with certainty that this program has a field of unlimited possibilities within the frame work of our present antiquated hospital administrative organization.

The success of any management program depends upon the mature application of the known and proven tools of management towards the ultimate goal of better patient care through better hospital management.

* * * * *

METHOD OF KEEPING THE OUTPATIENT INDEX

The index cards of the outpatients treated during any current report period will be kept in a separate alphabetical file, to be known as the outpatient index -- current file, until the required outpatient data have been compiled for the report sheet of sick and wounded. Thereafter, the cards will be placed in a general alphabetical file to be known as the outpatient index -- general file.

The outpatient index -- general file will be maintained on a yearly basis, cut off at the end of the calendar year and a new file established on 1 January of each year. Effective as of 1 January 1950, this file will consist of the following groups of indexes, arranged alphabetically within each group:

Army military personnel	Army and Air Force civilian employees	
Air Force military personnel	Dependents of military personnel	All others

Should an outpatient subsequently apply for further outpatient treatment, any outpatient index card pertaining to the individual, contained in either the current or preceeding year's general file, will be withdrawn and placed in the outpatient index -- current file. Upon completion of treatment and rendering of the Report of Sick and Wounded (WD AGO Form 8-23), such outpatient indexes will be placed in the current year's general file.

The outpatient index -- general file for the year 1950, and for subsequent years, after being cut off will be held for one (1) additional year and then retired as follows:

Records pertaining to Army military personnel to The Adjutant General, Washington 25, D.C., Attention: Personnel Information Branch
Records pertaining to Air Force military personnel to the Chief of Staff, United States Air Force, Washington 25, D.C., Attention: Personnel Records Service.
Records pertaining to civilian employees, dependents of military personnel, and all others, to the Chief, Civilian Personnel Records Branch, Building 104, Records Administration Center, AG 4300 Goodfellow Blvd, St. Louis 20, Mo.

* * * * *

ADMINISTRATIVE DIVISION

PERSONNEL NOTES

During the month of April 1950, the following medical personnel joined the Military District of Washington units indicated:

NAME	RANK	BRANCH	ORGANIZATION
Stevenson, Daniel	Colonel	VC	7071 ASU, Ft. Belvoir
Warfield, Lucille	Captain	ANC	7071 ASU, Ft. Belvoir
Mehlick, Cecelia	1st Lt.	ANC	7071 ASU, Ft. Belvoir
Camp, Elizabeth	2nd Lt.	ANC	7071 ASU, Ft. Belvoir

The following medical personnel departed from the Military District of Washington organizations indicated during the month of April 1950.

NAME	RANK	BRANCH	ORGANIZATION
Larrick, Robert	Captain	MC	7011 ASU, Ft. Myer, Separated From The Service
Whitacre, Victor	Captain	MC	7071 ASU, Ft. Belvoir Separated From The Service
Beavers, Margaret	1st Lt.	ANC	7071 ASU, Ft. Belvoir Transferred to Far East Command
Miller, Gladys	1st Lt.	ANC	7071 ASU, Ft. Belvoir Separated From The Service
Walsh, Helen	1st Lt.	ANC	7071 ASU, Ft. Belvoir Separated From The Service

* * * * *

REASSIGNMENTS OF MEDICAL SERVICE CORPS OFFICERS

The following policies pertaining to assignments and reassignments of Medical Service Corps Officers were recently announced by the Surgeon General's Office, Department of the Army:

(a) In order to meet the Foreign Service levies expected during the ensuing eight (8) to twelve (12) months, the following overseas criteria is established for Medical Service Corps Officers of your Command.

PS&A Section	- - - - -	Eighteen (18) months or less
Laboratory Officers	- - - - -	Twenty-four (24) months or less
All Others	- - - - -	Individual selection

Officers with the least amount of overseas service will be selected first. Approved volunteers will be placed on top of the oversea roster.

(b) In addition, Medical Service Corps Officers who will be assigned to your Command for three (3) years or more as of 31 December 1950, and, who are not vulnerable for overseas service, are eligible and will be considered for reassignment within the Zone of Interior at such time as vacancies occur for officers possessing their qualifications.

(c) Replacements for Medical Service Corps Officers vulnerable for reassignment under one of the above policies, will be furnished when available prior to subject officer's reassignment elsewhere, however, replacements will not be furnished for officers, who are over and above authorized T/D spaces.

* * * * *

PROFESSIONAL SERVICES

PLANTAR WART

Report of a Case Responding to Treatment with Aureomycin

BY

Jesse B. Hopkins, MD
General Dispensary
Fort Myer, Virginia

On the assumption that plantar warts are of virus origin, a recent case was tested with Aureomycin by mouth. A white female, age 14, had a large (1.5cm in diameter) and painful plantar wart on the ball of her left foot, which had been present for approximately eight months. One 250mgm capsule of Aureomycin was given every six hours (while awake) for twelve doses. One week after beginning treatment the wart was not longer painful, but had not changed in size. A second series of twelve 250mgm capsules of Aureomycin was given at this time. No other therapy was used.

Approximately one month after treatment was started the patient was seen again and the plantar wart had completely disappeared, leaving no scar.

To conclude that Aureomycin is a specific for plantar warts on the basis of a single case would be most unwise. Further tests are being conducted with the use of Aureomycin systematically and locally in this condition, and will be reported at a later date.

DENTAL SERVICE

VITAMIN C IN DENTISTRY

by Major William T. Fisher DC
Dental Surgeon, Fort Lesley J. McNair

From consideration of vitamin C deficiency symptoms the chief function assigned to this substance is concerned with the formation of colloidal intercellular substances of mesenchymal origin.

In vitamin C deficiency the collagen intercellular substance of all fibrous tissue derivatives, including that of the blood vessels, skin, cartilage, bones and teeth, is altered with the result that there is a marked derangement in both structure and function.

The deficiency manifests itself by (a) the destruction of the capillary wall, which leads to hemorrhages beneath the skin and from the mucous membranes; (b) the withdrawal of calcium from the bones and teeth, thereby causing a porosity and fragility of these structures; (c) great tenderness of the joints; (d) swollen, spongy gums that bleed easily and become ulcerated; (e) loose teeth, caused by the degeneration of the bone and periodontal tissues.

Controversy rages over whether a vitamin C deficiency could exist in modern man who consumes the average American diet of today. The suggestion has been advanced that where neglect of the mouth is found, a poor nutritional intake may also be evident. In short, one who neglects his mouth may also neglect his diet.

The relation of vitamins to oral deficiencies, has been well established. It is reasonable thereby to routinely prescribe adequate diets of essential vitamins as an additional adjunct in the treatment of disease of the teeth and their surrounding tissues.

VETERINARY SERVICE

TRICHINOSIS

Major Charles W. Tate, V.C.
Veterinarian, Military District of Washington

Trichinosis is due to *Trichinella spiralis* (*Trichina spirilis*), a round worm inhabiting the muscles (muscle trichina), which is, however, not a sexually mature individual, but the asexual larval stage of the intestinal trichina, whose habitat is in the intestines.

The trichina occurs in carnivorous and omnivorous animals, of which the following deserve special mention. Domestic and wild hogs, dog, rat, fox, badger, marten, polecat, bear and cat. It may be transmitted to a number of other mammals by feeding, but cannot be transmitted to birds or cold-blooded animals. Muscle trichinae do not develop in birds, but intestinal trichinae may occur in them.

The most common host of the trichina, no doubt, is the rat; these animals readily transmit the infestation to each other. Animals which prey on, or occasionally eat rats, may become infested from them (hog, dog, cat, bear, marten, polecat), and then the trichinae contained in their meat can again reinfest the rats. Trichinae may also be transmitted through the ingestion of feces of animals which have eaten trichinous meat. The transmission, however, is not directly by way of intestinal trichinae, but because the feces contained undigested trichinosed meat.

Upon the ingestion of meat containing trichinae, the latter are freed through digestion of the surrounding capsules and develop to sexually mature worms in the intestinal tract. The males die shortly after impregnating the female and are digested or discharged in the feces, but the females penetrate into the intestinal mucous membrane. During the six to seven weeks of life each female gives birth to 1500 to 2000 larvae, which are carried into the blood by the intestinal lymph stream. The blood carries them to all parts of the body, and in this way they gain access to the striated muscular tissues, in which they locate exclusively, the heart excepted. *Trichina* larvae in other tissues and organs of the body die. In further development of trichina larvae in the striated muscles they emerge from the capillaries partly by diapedeses, and partly by boring through the wall. As early as the seventh or eighth day after ingestion of trichinosed meat, the first wandering larvae may be found in the musculature. After the larvae have attained the length of 1 mm. and three weeks after ingestion of trichinosed meat have become muscle trichinae. Encystment of muscle trichina soon begins, forming a capsule of lemon shaped form. Calcification of the capsule may be complete anywhere from the ninth to eighteenth month.

The distribution of trichinae in the musculature is not uniform but are found in the greatest numbers in the diaphragmatic pillars.

Trichinosis meat is injurious to the health of man, as its ingestion causes trichinosis, resulting fatally in about 5 percent of the cases. It is to be presumed that the danger from trichinous meat is that which has been eaten raw, in an imperfectly cooked condition or in the form of lightly smoked ham or sausages. Muscle trichinae are not very resistant to the usual methods of preparation of meats. Bureau of Animal Industry (Meat Inspection Division) requires a temperature of 137° F. internal temperature on smoked or cooked products inspected under Federal Inspection. Since infested meat can easily be rendered harmless by the action of high degrees of temperature, there is no reason why trichinous meat should be withdrawn from the food supply of man.

* * * * *

RABIES VACCINATION

With the onset of warm weather and the probable increase in the rabies incidents in small animals, attention is invited to C3, AR 40-2090.

In substance, the regulation requires that all war dogs, privately owned dogs, cats, monkeys and other animal pets which are four months of age or older, and which are maintained on a Government Reservation will be immunized. The cited regulations outlines the procedure of administering the type of vaccine to be used and method of procuring the vaccine.

PREVENTIVE MEDICINE

PHYSICAL TRAINING

Although physical training is compulsory, it also has the objective of providing recreation. However, the primary purpose of a physical training program is to develop and maintain a high level of physical fitness among the troops. The most obvious effect of regular exercises of the body is an increase in muscular development. Soft, flabby muscles become hard and firm. This enables one to enjoy physical recreation. More directly related to health, however, are the effects of exercise upon the general metabolic processes of the body. The rate and force of the heartbeat are increased, breathing becomes deeper and more rapid, and heat production and perspiration are increased. The energy to support exercise is derived from the burning of food substances, largely carbohydrates and fats. This results in an improved appetite and increased elimination. Exercise of the right kind and in the right amounts helps develop strength, speed, agility, endurance, and skill in persons who are physiologically sound.

Proper personal habits, such as cleanliness, proper eating, rest, and elimination should be stressed during instruction in physical training. Freedom from anatomical defect or disease, the discovery and treatment of which are functions of the Medical Department, is the first requirement of physical fitness. The matter of a well-balanced diet is of particular importance. Many men increase their weight to such an extent that their physical condition is impaired. Proper diet is as important as exercise in improving the physical condition of men who are considerably overweight. To be totally fit, a soldier must be technically, mentally, emotionally, and physically fit. Without technical fitness, a soldier lacks the knowledge and skill to fight; without mental and emotional fitness, he lacks the incentive and desire to fight; without physical fitness, he lacks the strength and stamina to fight. The fact that warfare has become mechanized has accentuated rather than minimized the importance of physical fitness. The machines are no better than the men operating them. Every new advance in the speed, maneuverability, striking power, durability, and destructiveness of our machines must be accompanied by a corresponding improvement in the quality and fitness of their operators.

Unit commanders are responsible for the physical condition of their men just as they are responsible for all other aspects of their training. Commanding officers themselves must take part regularly in the physical training activities. With the welfare of his organization and all his men dependent upon him, no commanding officer can afford to be lacking in physical fitness. His presence inspires the men to their very best efforts. If the officers participate, the troops invariably develop a greater esprit de corps and respect for their officers.

* * * * *

REPORTING OF RAT BITE CASES

The Department of Health has been concerned for a number of years with the problem of rat bite cases. When a person is bitten it is usually an indication of a heavy rat infestation on or near the premises.

The Communicable Disease Regulations of the District of Columbia require the reporting of instances of persons "bitten by a dog or other animal, which report shall include also the name, address, age, sex, and race of the person bitten". (Section 2 (e)).

Rat bite cases that come to your notice should be reported, by telephone or mail if preferred, to:

Department of Health
Bureau of Public Health Engineering
300 Indiana Avenue, N. W.
Phone: National 6000, Ext. 617

* * * * *

WATER SUPPLY AND PURIFICATION

With the advent of the swimming season it is of importance that Post Surgeons become cognizant of their responsibility for determining whether or not water is safe and for making recommendations to proper authorities. To do this, the Post Surgeons are responsible for the inspection of water points and sources, testing of water and in general working closely with the Corps of Engineers to insure that water is properly treated and distributed.

AN ARMY CAREER

AN ARMY CAREER AS A MEDICAL CORPS OFFICER

If a doctor selects the Army as a career, what can he expect in the way of pay, allowances and other benefits? With what gross income in civilian practice are those comparable? Let us make this comparison over a period of thirty (30) years. We will assume that the doctor is entering the Army without prior military service. (Figures compiled in the Surgeon General's Office):

AS A FIRST LIEUTENANT, MEDICAL CORPS:

Pay for each of the first two years	\$ 4,192.00
Allowances (married)	1,494.00
After 20 years service he can retire with \$523.69 per month for life. For the civilian practitioner to purchase an annuity which will pay him \$410.00 per month at the age of 65 years will cost \$1,828.00 per year for 30 years (if he starts at the age of 25 years) and he will not collect any benefits until 65 years of age	
	1,828.00
If the Army officer dies his beneficiary gets 1/2 years pay. To obtain insurance to get the same result will cost the doctor in civil life per year	
	25.00
Living on an Army Post he gets free dental care; hospital bills are \$1.35 per day. He will save on gasoline, movies, laundry, barber bills and Post Exchange purchases, varying amounts, but well in excess of \$500.00 per year	
	500.00
Total Pay and Benefits	
	8,039.00
Income Tax (married - 1 dependent)	425.00
	\$ 7,614.00

CIVILIAN DOCTOR:

Let us assume he will have a practice from the start wherein he will collect \$12,000 a year (less than 16% of all doctors had that large a gross income in 1949, an excellent peacetime year	
	\$ 12,000.00
Office expenses are 33 1/3 to 36% -- take the lower figure	
	4,000.00
	8,000.00
Income Tax (married - 1 dependent)	1,388.00
Take Home Pay	\$ 6,612.00

Thus, it appears a 1st Lieutenant's remuneration and benefits exceed in value those of a physician collecting \$12,000.00 and WE HAVEN'T INCLUDED:

One month's vacation a year on full pay;
Full pay while taking a postgraduate course -- Army paying the tuition;
Full pay while sick;
Retirement at 3/4 pay for life if totally disabled for Army duty.

The value of this benefit cannot be computed, as no insurance company writes a policy that approaches this benefit. It assures the Medical Corps officer that he won't be on relief rolls as were seventy-four (74) physicians in Los Angeles County in 1948.

RETIRED PAY FOR THE TEN-YEAR PERIOD (Age 55 - 65 years):

While he would wait for an annuity policy to commence payments, the Army will pay him \$523.69 monthly, or a total of \$62,842.80.

AN ARMY CAREER

Four years later: -

Captain, Medical Corps, 4-years service pay each year	\$ 5,133.00
Allowances	1,584.00
Annuity equivalent (see above)	1,828.00
Insurance to cover death gratuity	25.00
Savings on cost of living	<u>500.00</u>
	9,070.00
Income Tax (married - 1 dependent)	<u>588.00</u>
	\$ 8,482.00

Compare this with civilian physicians with

a gross income of \$14,000 (less than 11%	
of all doctors grossed that much in 1949)	.\$14,000.00
Expenses, one-third	<u>4,666.00</u>
	9,334.00
Net	<u>1,745.00</u>
Income Tax (married - 1 dependent)	<u>1,745.00</u>
	\$ 7,589.00

After a total of 12 years:

Major, Medical Corps -- pay	\$ 6,330.00
Allowances	1,764.00
Annuity equivalent	1,828.00
Insurance to cover death gratuity	25.00
Savings on cost of living	<u>500.00</u>
	10,447.00
Income Tax (married - 1 dependent)	<u>978.00</u>
	\$ 9,469.00

Compare this with the gross income of a

civilian doctor of	.\$16,000.00
Expenses, one-third	<u>5,333.00</u>
	10,667.00
Income Tax (married - 1 dependent)	<u>2,144.00</u>
	\$ 8,523.00

After 30 years service:

The Medical Corps officer has spent 25 years getting prepared for work, 30 years in practice, and now anticipates several years of retirement. He can retire on \$523.69 a month for life. This is the equivalent of 3% interest per annum on \$209,475.96

He has his retirement.

He has bonds, savings, investments and insurance saved from his pay.

These two added amount to a sum, that if the civilian physician wishes to equal, he will have had to save an average of over \$4,000.00 a year for 30 years. Look at his take-home pay after taxes, and how could he?

He has a month's leave on full pay yearly.

He has had postgraduate courses on full pay.

He has had excellent opportunities for himself and his family to travel.

He has had access to a wealth of clinical material.



PREVENTIVE MEDICINE

RESTRICTED

GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of other service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page 10).

The non-effective rate* declined from the March rate of 15.56 to 12.04 for the month of April. Days lost as a result of disease and injury totaled 5,832 during the four week period ending 28 April 1950.

*Non-Effective Rate -- $\frac{\text{Total Days Lost} \times 1,000}{\text{No. of Days} \times \text{Average Daily Strength}}$
in Period

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in April was 443.4, compared to 743.7 during March. Total admission for disease and injury in April was 589. Of this number, 545 admissions were for disease and 44 for injuries. Fort Myer reported the highest admission rate, and General Dispensary, USA, The Pentagon, reported the lowest rate during the current month.

**Admission Rates -- $\frac{1,000 \times 365 \times \text{Number of Cases}}{\text{Mean Strength} \times \text{No. of Days}}$
in Period

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

April's rate for disease cases is 410.2 for 545 cases. Fort Myer reported the highest admission rate, and General Dispensary, USA, The Pentagon, reported the lowest rate.

The injury admission rate of 33 per 1,000 per annum for April represents a continuing reduction in admissions for these conditions. The rate reported for the previous month was 40 per 1,000 per annum. Fort Myer reported the highest rate and General Dispensary, USA, The Pentagon, reported the lowest rate for injuries.

There were three (3) deaths reported during the four week period ending 28 April 1950.

COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of April, 1950. The rate for the present month is 168, compared to the March rate of 202. South Post, Fort Myer reported the highest rate, and Fort McNair reported the lowest rate. Admission rates for pneumonia (all types) declined during the April report period. The rate being 6.3, compared with the March rate of 12.8. There were no cases of scarlet fever reported throughout the month of April.

Incidence of measles increased during April. No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis.

Pertinent statistical tables may be found on pages 10 and 14.

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PREVENTIVE MEDICINE

RESTRICTED

GENERAL DATA
4 Week Period Ending 28 April 1950
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Diseases		Injuries			
				Cases	Rate	Cases	Rate	Cases	Rate		
Fort Belvoir (A)	8382	7106	1276	315	489.9	302	469.6	13	20.3	10.54	3
(AF)	165	159	6	8	632.0	7	553.0	1	79.0	19.48	-
Fort McNair (A)	877	803	74	28	416.2	23	341.9	5	74.3	14.66	-
(AF)	94	94	0	0	-	0	-	-	-	-	-
Fort Myer, Virginia (A)	1491	1300	191	68	594.5	58	507.1	10	87.4	12.84	-
(AF)	0	0	0	0	-	0	-	-	-	-	-
South Post, Fort Myer (A)	1600	1600	0	66	537.7	61	497.0	5	40.7	18.39	-
(AF)	0	0	0	0	-	0	-	-	-	-	-
General Dispensary, USA (A)	3411	3376	35	62	236.9	58	221.6	4	15.3	15.04	-
(AF)	3333	3311	22	82	320.7	79	309.7	3	11.7	13.94	-
All Others (A)	1556	1556	0	50	418.9	43	360.2	7	58.6	4.64	-
(AF)	75	75	0	2	347.6	2	347.6	0	-	6.19	-
Total Mil Dist of Wash (A)	17317	15741	1576	589	443.4	545	410.2	44	33.1	12.04	3
(AF)	3667	3639	28	92	329.5	88	315.2	4	14.3	13.67	-
AMC - Med Det (Duty Pers)*	1773	1633	140	76	558.7	70	514.6	6	44.1	6.06	-
AMC - Med. Hold Det.*	1812	1661	151	134	964.0	121	870.4	13	93.5	993.89	4
AMC - Total (Army)	2934	2673	261	166	737.5	152	675.3	14	62.2	463.46	3
AMC - Total (Air Force)	651	621	30	44	881.0	39	780.9	5	100.1	694.15	1
AMC - Total (A & AF)	3585	3294	291	210	763.6	191	694.5	19	69.1	505.35	4
Total Dept/Army Units	20251	18414	1837	755	486.0	697	448.6	58	37.3	77.43	6
Total Dept/Air Force Units	4318	4260	58	136	410.6	127	383.4	9	27.2	116.27	1
* Army and Air Force personnel included											

* Army and Air Force personnel included

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4 Week Period Ending 28 April 1950
(Data From WD AGO Form 8-122)

STATION	Common Respiratory Diseases	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepa-titis	Malaria	Psychi-atric Disease
Fort Belvoir (A)	265.9	10.9	9.3	-	-	14.0	-	3.1	4.7	-	1.6	-	4.7
(AF)	158.0	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	44.6	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer, Virginia (A)	78.7	-	-	157.4	-	-	-	-	-	-	-	8.7	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
South Post, Fort Myer (A)	154.8	-	-	8.1	-	-	-	-	-	-	-	8.1	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA (A)	45.9	-	-	61.1	-	19.1	-	-	-	3.8	-	3.8	-
(AF)	97.8	-	-	62.6	-	11.7	-	-	-	-	-	-	-
All Others (A)	83.8	-	-	8.4	8.4	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash (A)	168.6	5.3	4.5	27.1	0.8	10.5	-	1.5	2.3	0.8	0.8	2.3	2.3
(AF)	96.7	-	-	57.3	-	10.7	-	-	-	-	-	-	-
AMC - Med Det (Duty Pers)*	-	-	-	51.5	-	7.4	-	-	-	-	-	-	-
AMC - Med Hold Det *	28.8	14.4	7.2	-	-	-	-	-	-	-	-	-	28.8
AMC - Total (Army)	17.8	8.9	4.4	26.7	-	4.4	-	-	-	-	-	-	17.8
AMC - Total (Air Force)	-	-	-	20.0	-	-	-	-	-	-	-	-	-
AMC - (A & AF)	14.5	7.3	3.6	25.5	-	3.6	-	-	-	-	-	-	14.5
Total Dept/Army Units	146.8	5.8	4.5	27.0	0.6	9.7	-	1.3	1.9	0.6	0.6	1.9	4.5
Total Dept/Air Force Units	81.5	-	-	51.3	-	9.1	-	-	-	-	-	-	-

* Army and Air Force Personnel Included

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VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington increased during the April report period.

The rate for April 1950 was 12.80, a slight increase over the March rate of 12.15. A total of 17 cases were reported for the four week period ending 28 April 1950. Of this total 14 were reported by Fort Belvoir, and one each from Fort Myer, South Post, Fort Myer and General Dispensary, USA, The Pentagon.

During the report period, white personnel incurred 12 of the reported number of cases, with a rate of 9.94, and 5 were incurred by negro personnel, with a resulting rate of 41.35 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (April) in addition to the rate per 1000 men per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 12, 13, 14, and 15.

NEW VENEREAL DISEASE CASES - EXCL EPTS - FEBRUARY, MARCH, AND APRIL 1950

STATION	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
	FEBRUARY 50	MARCH 50	APRIL 50	APRIL 50
Fort Belvoir	21.93	23.06	21.77	1.67
Fort McNair	14.90	23.54	-	-
Fort Myer	-	-	8.74	0.66
South Post, Fort Myer	8.12	-	8.15	0.63
General Dispensary, USA	-	-	3.82	0.29
All Others	49.63	-	-	-
Total Mil Dist Wash Units	16.56	12.15	12.80	.976
Army Medical Center - Total	9.96	7.49	8.89	0.68
Total Dept/Army Units,	15.65	11.50	12.23	.938
Mil Dist of Washington				

Separation Epidemiologic Report

Attention is invited to par lld, sec II, SR 135-175-5, 19 Dec 49, relative to Separation epidemiologic Report, FSA-USPHS Form 9576-B, which reads as follows:

"Separation Epidemiologic Report (FSA-USPHS Form 9576-B. All personnel who have a history of venereal infection and require further follow-up examinations (syphilis treated within 1 year and gonorrhea treated with penicillin within 4 months) and all personnel who have a positive or doubtful separation blood test but no history or signs or symptoms of venereal infection will be reported to the department of health of the State of intended residence. For this purpose FSA-USPHS Form 9576-B (Separation Epidemiologic Report) will be used. Supplies of these forms may be obtained from the Army surgeon who will procure them through the district office of the United States Public Health Service. These reports will be completed in quadruplicate with all available pertinent information correctly entered. The first two copies will be forwarded to the appropriate State health department; the third copy will be sent to Veterans Administration, Munitions Building, Washington 25, D. C., Attention: Chief, Dermatology and Syphilis Section, and the fourth copy will be furnished to the individual."

Forms are presently available at the Office of the Surgeon, Military District of Washington.

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

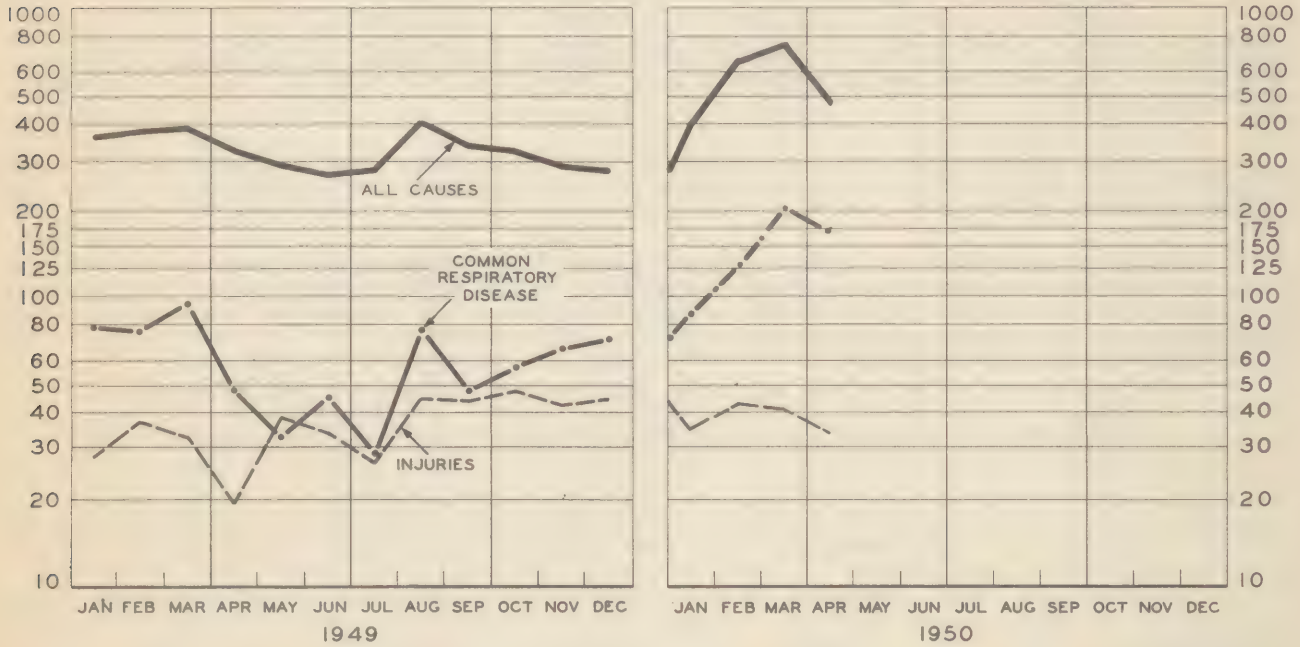
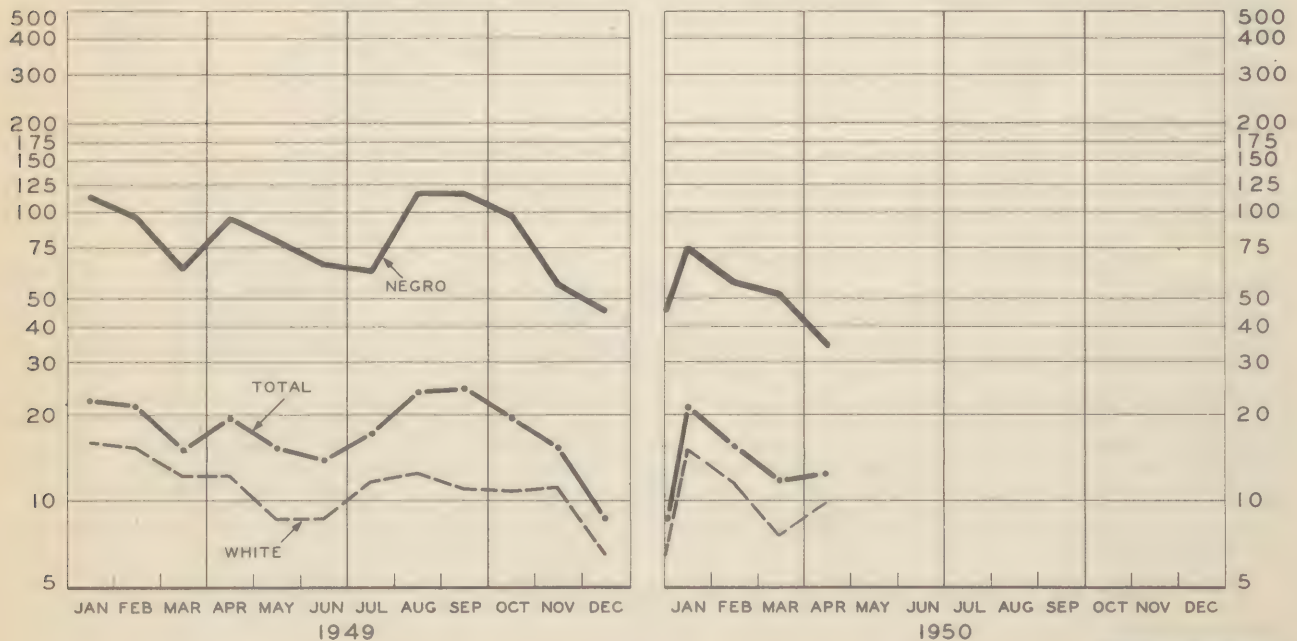


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR
INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Four Week Period Ending 28 April 1950 (Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7106	0	8	1	9	16.50	18
	N	1276	0	4	1	5	51.08	1
	T	8382	0	12	2	14	21.77	19
Fort McNair	W	803	0	0	0	0	-	0
	N	74	0	0	0	0	-	0
	T	877	0	0	0	0	-	0
Fort Myer, Virginia	W	1300	0	1	0	1	10.03	0
	N	191	0	0	0	0	-	0
	T	1491	0	1	0	1	8.74	0
South Post, Fort Myer	W	1600	0	1	0	1	8.15	0
	N	0	0	0	0	0	-	0
	T	1600	0	1	0	1	8.15	0
General Dispensary, USA	W	3376	0	1	0	1	3.86	0
	N	35	0	0	0	0	-	0
	T	3411	0	1	0	1	3.82	0
All Others	W	1556	0	0	0	0	-	0
	N	0	0	0	0	0	-	0
	T	1556	0	0	0	0	-	0
Total Mil Dist of Wash	W	15741	0	11	1	12	9.94	18
	N	1576	0	4	1	5	41.35	1
	T	17317	0	15	2	17	12.80	19
Army Medical Center - Total	W	2673	1	0	1	2	9.75	161
	N	261	0	0	0	0	-	52
	T	2934	1	0	1	2	8.89	213
Total Dept/Army Units	W	18414	1	11	2	14	9.91	179
	N	1837	0	4	1	5	35.48	53
	T	20251	1	15	3	19	12.23	232

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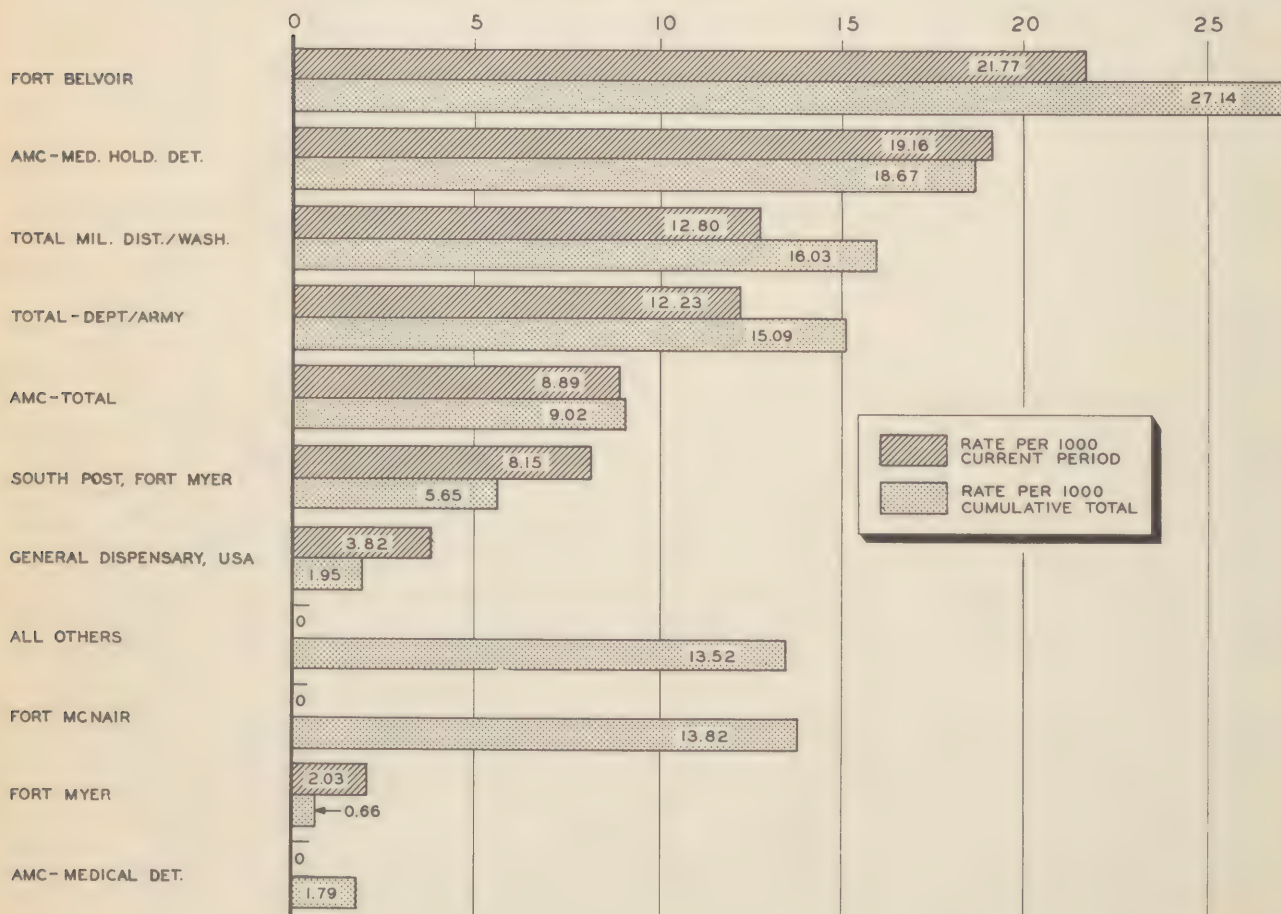
VENEREAL DISEASE RATES FOR US*

(All Army Troops)

	FEBRUARY 1950	MARCH 1950	APRIL 1950
First Army Area	11	17	11
Second Army Area	21	16	17
Mil Dist of Washington	12	11	12
Third Army Area	22	24	27
Fourth Army Area	16	13	11
Fifth Army Area	15	19	13
Sixth Army Area	21	20	21
TOTAL United States	18	18	18

*Compiled in the Office of the Surgeon General and Includes General Hospitals

VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 28 APRIL 1950 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



PREVENTIVE MEDICINE

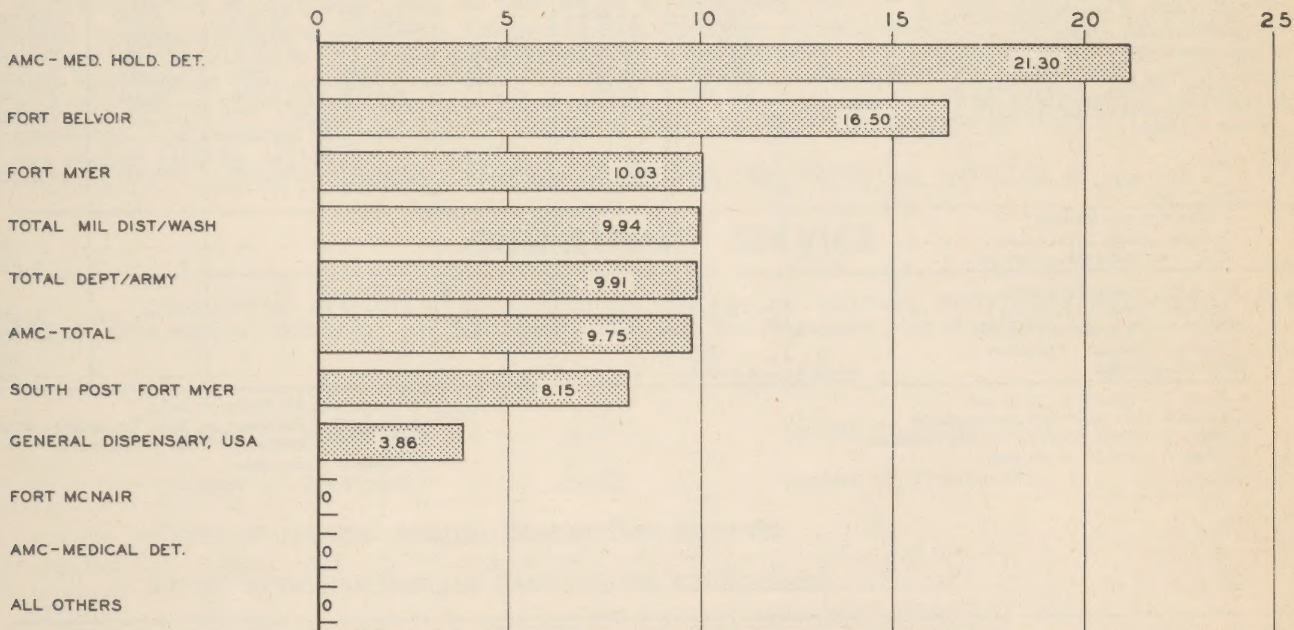
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VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 28 APRIL 1950

WHITE PERSONNEL (CHARGEABLE CASES)

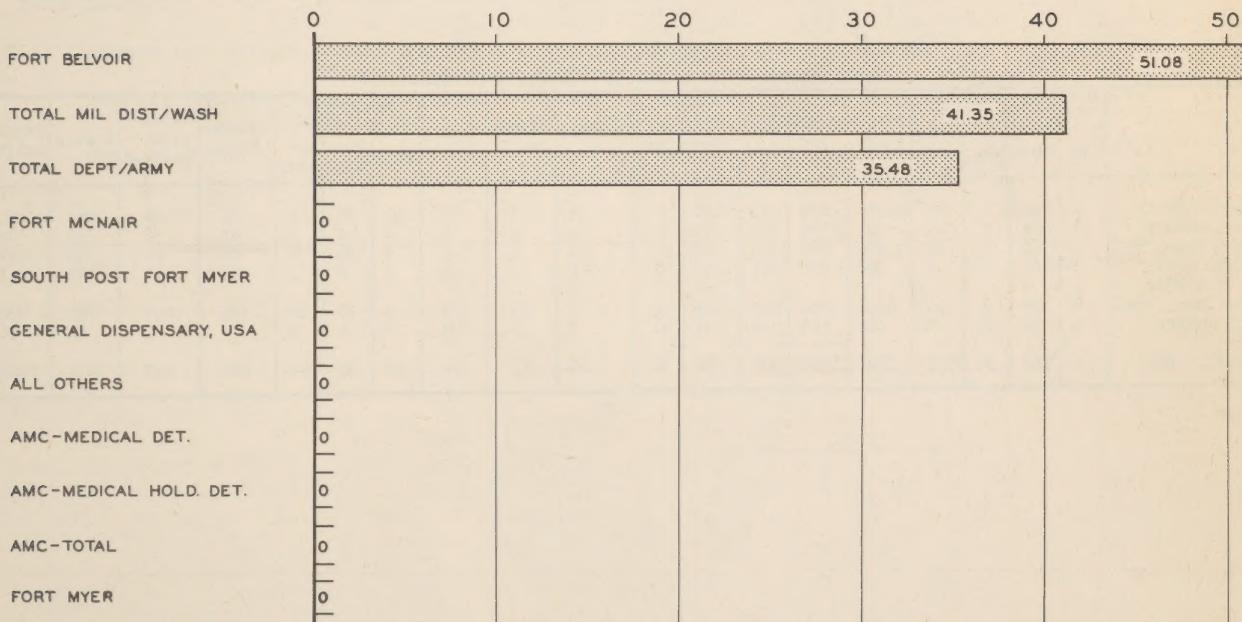


VENEREAL DISEASE

RATE PER 1000 TROOPS PER YEAR

4 WEEK PERIOD ENDING 28 APRIL 1950

NEGRO PERSONNEL (CHARGEABLE CASES)



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VETERINARY SERVICE

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POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED
APRIL 1950 - (Data obtained from WD AGO Form 8-134)

STATION	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Leslie J. McNair		52,280	76,926		122,567	11,133	6,599	269,505
Fort Belvoir, Virginia		273,689	273,772		544,515	83,505	230,370	1,405,851
Potomac Yards Distribution Point		358,675	81,048	436,782			70,957	947,462
Fort Myer, Virginia		199,473	155,500	86	380,274	7,360	153,209	895,902
Cameron Station, Alexandria, Va.		121,502	80,731		205,021	5,642	62,344	475,240
Mil Dist/Washington Vet Det.	400,659							400,659
The Pentagon						237,145		237,145
TOTAL	400,659	1,005,619	667,977	436,868	1,252,377	344,785	523,479	4,631,764
REJECTIONS:								
Insanitary or Unsound								
Potomac Yards Dist Point		55						55
Mil Dist/Washington Vet Det.	1,450							1,450
Not type, class or grade								
Potomac Yards Dist Point		4,437						4,437
Mil Dist/Washington Vet Det	40,080							40,080
Cameron Station, Virginia		360						360
TOTAL REJECTIONS:	41,530	4,852						46,382

* Class 3 - Prior to Purchase
* Class 4 - On delivery at Purchase
* Class 5 - Army Receipt except Purchase
* Class 6 - Prior to Shipment

* Class 7 - At Issue or Sale
* Class 8 - Purchase by Post Exchanges, Clubs, Messes or Post Restaurants
* Class 9 - Storage

DENTAL SERVICE

DENTAL SERVICE - FOUR WEEK PERIOD ENDING 28 APRIL 1950

	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	DENTURES			Extrac- tions	Calcu- lus Removed	X-Rays	Exami- nations
	Men	Duty Days	Men	Duty Days									Full	Par- tial	Re- pair				
Fort Belvoir	8	196	1	20	1396	254	415	190	5	13	1	5	12	20	14	316	126	554	565
Fort McNair	2	55	1	8.5	541	396	279	70	0	1	0	3	0	12	4	47	37	197	76
Fort Myer, Va.	2	60	1	20	656	283	60	48	1	1	1	3	5	24	4	83	20	273	234
South Post,	2	60	0	0	328	259	47	55	0	0	2	0	2	8	1	18	17	74	43
Fort Myer																			
Gen Disp., USA	6	168	2	27	2301	564	151	186	0	5	11	3	3	21	18	131	237	815	928
All Others	1	30	0	0	160	49	36	31	0	0	0	0	0	0	0	9	0	21	76
Total - MDW	21	569	5	75.5	5382	1805	988	580	6	20	15	14	22	85	41	604	437	1934	1922

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ADMINISTRATIVE DIVISION

PHARMACY NOTE

SIGNATURE CARD:

In order to control to the utmost, any misuse of narcotics, barbiturates, alcohol, etc., a practice should be initiated such as the use of a "Signature Card". A card should be kept at eye level on the compounding counter, containing the signature of each Medical, Dental, or Veterinary Officer who is eligible to write a prescription to the pharmacy. These cards should be kept up to date and checked for completeness every month. No prescription should be honored unless the prescribing doctor has his name on this "Signature Card". In this way, if the compounding pharmacist questions a signature, it can readily and quickly be checked. Of course, if there is still doubt, the doctor will be called.

(Above from Surgeon Circular Letter, GHQ, FEC, Vol 5, No. 2, 1 Feb 50, pg 17)

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed General Hospital, are indicated below for the four week period ending 28 April 1950:

ARMY:

Number of Outpatients . . . 5,227

Number of Treatments . . . 15,525

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED 1,020

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED 4,518

NON-ARMY:

Number of Outpatients 5,027

Number of Treatments 16,481

HOSPITAL MESS ADMINISTRATION

<u>STATION</u>	<u>JANUARY 1950</u>	<u>FEBRUARY 1950</u>	<u>MARCH 1950</u>	<u>APRIL 1950</u>
FORT BELVOIR				
Income per Ration	\$1.052	\$1.057	\$1.058	\$1.041
Expense per Ration	1.119	1.039	0.980	1.055
Gain or Loss	-0.067	+ 0.078	+ 0.018	-0.013

ADMINISTRATIVE DIVISION

The Department of the Army and Military District of Washington publications listed below contain information of interest to the Medical Department:

DEPARTMENT OF THE ARMY MEMORANDA

MEMO No.	Subject	Date
1-60-2	Procedure for reporting compliance with management committee decisions	3 April 50
600-40-4	Summer Uniform	4 April 50
Adm Memo #7	Loan of material from Army Library	3 April 50

DEPARTMENT OF THE ARMY CIRCULARS

CIR No.	Subject	Date
19	Army Regulations and Special Regulations in 140 series; Supersessions of Department of the Army publications; Excess installations	1 April 50
22	Career field examination schedules	12 April 50

DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

SR No.	Subject	Date
35-1810-1	Finance and Fiscal: Income tax withheld from pay of Regular Army and Air Force personnel and reserve components on extended active duty	27 April 50
650-125-1	Military police career field	21 April 50
135-210-1	Civilian components -- Entry on extended active duty	13 April 50
140-241-5	ORC -- Change of Address report	15 April 50
605-60-41	Officers -- dental officer procurement -- senior students program	25 April 50
35-1310-5	Finance and Fiscal -- Army -- Air Force -- pay tables (retired pay)	26 April 50
711-50-5	Stock Control -- Housekeeping equipment	20 April 50
605-60-43 C-1	Medical officers procurement -- professional training program	26 April 50
140-120-1	ORC Immunization	13 April 50

MILITARY DISTRICT OF WASHINGTON MEMORANDA

MEMO No.	Subject	Date
18	Directory and station list - MDW	6 April 50
19	Wearing of summer uniform	12 April 50
20	Payment of troops	14 April 50
21	Indoctrination course, Atomic energy information - Phase II	25 April 50

MILITARY DISTRICT OF WASHINGTON CIRCULARS

CIR No.	Subject	Date
12	Warrants for noncommissioned officers	5 April 50
13	Sec. I -- Illegible copies of Report of Separation Sec. II -- Reporting of certain Signal Corps specialists	13 April 50
14	Separation of officers for purpose of appointment or enlistment	20 April 50

